RECORDS DISPOSITION DOCUMENT CATEGORY B

NO.

PAGE OF **PAGES**

| 1. AGENCY NAME and ADDRESS | | | | 2. AGENCY CONTACT: Holly Christmas Government & Community | | | | |
|---|----------------|--|--------|---|-----------------------|--------------------|---|--|
| School or Dept. Name: | | | | | | | | |
| | | | | Relations 2700 | | | | |
| Address: | | | | Jamieson Way Viera, FL | | | | |
| | | | | 32940 (321) 633 5xt.11453 | 3-1000 | | | |
| Phone Ext: Contact: | | | | | | | | |
| 3. NOTICE (specify | | | | o be disposed of | in the manner cl | hecked be | elow | |
| a. D | estructio | n b. Microfilming/Scan and Destro | uction | c. Othe | er | | | |
| | | hereby certify that the records to be dispose we been fully justified, and that further reten | | | | | | |
| Signature Name a | | | | and Title Date | | | | |
| 5. LIST OF RECORD SERIES | | | | | | | | |
| _ | _ | | | | _ | f. | g. | |
| a. Schedule No. | b. Item No. | c. Title of Schedule Item No. | | d. Retention | e. Inclusive Dates | Volume Cubic Ft | Date Disposition (Shred) Process Completed After Authorization | |
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| | | | | Total Volume | in Cubic Feet | | | |
| 6. DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated. | | | | DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g. | | | | |
| | | | | Signature Date | | | | |
| | | | | Name and Title | | | | |
| Custodian/Records Management Liaison Officer Date | | | | Witness | | | | |
| | | | | - | | | | |